

ROSEBUD SIOUX TRIBE EMPLOYMENT APPLICATION



A POINT SYSTEM HAS BEEN ESTABLISHED BY THE ROSEBUD SIOUX TRIBE TO ASSIST IN THE SELECTION PROCESS OF EMPLOYMENT.

TO INSURE A COMPLETE APPLICATION AND TO SPEED THE PROCESSING, PLEASE ATTACH ALL APPLICABLE VERIFICATION AS LISTED BELOW:

- | | |
|--|--------------|
| 1. VETERANS PREFERENCE | [] |
| 2. TRIBAL ABSTRACT OF CENSUS | [] |
| 3. HIGH SCHOOL DIPLOMA OR GED | [] |
| 4. COLLEGE DEGREE | [] |
| 5. ANY CERTIFICATES | [] |
| 6. UPDATE RESUME | [] |
| 7. SIGNATURE FROM ENROLLMENT OFFICE | [] |

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ATTACH THE PROPER DOCUMENTATION TO THE APPLICATION.

ROSEBUD SIOUX TRIBAL MEMBERS ARE GIVEN PREFERENCE FOR JOBS.

****A LETTER WILL BE SENT TO YOU IF YOU ARE
SELECTED OR NOT FOR THE POSITION YOU
APPLIED FOR****

ROSEBUD SIOUX TRIBE EMPLOYMENT APPLICATION

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**ROSEBUD SIOUX TRIBE
PERSONNEL OFFICE
P.O. BOX 430
ROSEBUD, SOUTH DAKOTA 57570
(605)747-2381 FAX: (605)747-5165**

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(PLEASE PRINT)

Position Applied For:	What Program:	Date of Application:
How Did Your Learn About Us:		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____		

LAST Name:	FIRST Name:	MIDDLE Initial:
Address:	City:	State:
		Zip Code:
Telephone No:	Date of Birth:	Social Security No:

Have you been employed with us before? ☐ Yes ☐ No

If you are under 18 year of age,
can you provide proof of eligibility to work? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you available to work? ☐ Full time ☐ Part time ☐ Shift status
☐ Temporary

On what date would you be available to work? _____

Are you currently on "lay off" status and subject to recall? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify an applicant
from employment) ☐ Yes ☐ No

Are you an enrolled member of the Rosebud Sioux Tribe? ☐ Yes ☐ No
Enrollment #: _____ (attach copy of enrollment)
Verified by Enrollment Office: _____
Authorized Signature

Are you registered with the Selected Service System?
(Male Ages 18 to 25 years old) If not we have forms. ☐ Yes ☐ No

Are you an Indian married to a Rosebud Sioux Tribe member? ☐ Yes ☐ No

Are you a non-Indian married to a Rosebud Sioux Tribe member? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this
country because of Visa or Immigration status? (Proof of
citizenship or immigration status will be
Requires upon employment) ☐ Yes ☐ No

Do you have a valid South Dakota Driver's License? ☐ Yes ☐ No

If yes, what class? _____

Do you have reliable transportation? ☐ Yes ☐ No

Have you served in the United States Military Service? ☐ Yes ☐ No

Were you discharged from the Military Service under
honorable conditions? (please attach verification) ☐ Yes ☐ No

List dates and branch for all active duty military service ☐ Yes ☐ No

Have you ever had any job-related training in the United
States Military? ☐ Yes ☐ No

If yes, please describe _____

List all position you have held in the last 10 years. Account for volunteer, part-time, military, summer positions of unemployment, etc. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. List each change of title or promotion separately. Resumes may be attached. Check the job announcement for details on the qualifications the Program is seeking. Start with your present or most recent position and work backwards. Attach additional sheets as necessary. You may exclude disability or other protested status.

FROM: / / TO: / / JOB TITLE: _____
HOURS/WEEK: _____ SUPERVISOR: _____
EMPLOYER NAME & ADDRESS: _____
DUTIES/RESPONSIBILITIES: _____
STARTING SALARY: \$ _____ PER _____ FINAL SALARY: \$ _____ PER _____
Reason for leaving: _____

FROM: / / TO: / / JOB TITLE: _____
HOURS/WEEK: _____ SUPERVISOR: _____
EMPLOYER NAME & ADDRESS: _____
DUTIES/RESPONSIBILITIES: _____
STARTING SALARY: \$ _____ PER _____ FINAL SALARY: \$ _____ PER _____
Reason for leaving: _____

FROM: / / TO: / / JOB TITLE: _____
HOURS/WEEK: _____ SUPERVISOR: _____
EMPLOYER NAME & ADDRESS: _____
DUTIES/RESPONSIBILITIES: _____
STARTING SALARY: \$ _____ PER _____ FINAL SALARY: \$ _____ PER _____
Reason for leaving: _____

List professional trade, business or civic activities and offices held: _____

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	////////			
Describe Course of Study	////////			
Describe Specialized Training, Apprenticeship Skills and Extra Curricular Activities.				
Honors Received				

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Update any information you feel may be helpful to add in considering your application. _____

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**APPLICANT STATEMENT
SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION**

You must sign this application. Read the following carefully before you sign.

A false statement to any part of your application may be grounds for not employing you or for dismissing you after you begin work.

It is my understanding that the Rosebud Sioux Tribe will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the given and receipt of any information requested by the Rosebud Sioux Tribe and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, my subject me to immediate dismissal.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I certify that, to the best of my knowledge and belief, all my statements are true, correct, complete, and made in good faith.

Signature of Applicant

Date

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FOR PERSONNEL OFFICE USE ONLY

Date Received

Personnel

A.D. No.

Program

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